THE

MEDICAL AND SURGICAL REPORTER.

No. 906.] PHILADELPHIA, JULY 11, 1874. [VOL. XXXI.—No. 2.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

NOTES FROM OPHTHALMIC PRACTICE.

BY A. SCHAPRINGER, M. D.,

Of Milwaukee, Wis.

Mydriasis of the Right Eye—Persistent Pupillary Membrane of the Left Eye.

Minnie Schmidt, æt. thirteen years, of 910 Racine street, Milwaukee, Wis., casually attracted my attention on May 26th, 1874, when she accompanied her father, who came to consult me about his own eyes. The iris of her right eye is reduced to a rim having about 1½ mm. in breadth everywhere except at its upper portion, where it is almost reduced to nothing, and only a very narrow band can be detected when the ball is directed upward. The larger iris-circle is brown, and looks normal, except being very narrow; the sphincter seems to be wanting entirely; in its place, the iris all at once becomes very thin, slate-colored, and on close examination appears slightly fringy, especially at its upper part, the axis of the fringes running parallel with the pupillary margin. On illuminating the mydriatic pupil with the ophthalmoscope, several punctate and very small linear opacities can be made out, situated in the anterior capsule or in the layers of the lens next to this membrane. The background is normal.

The visual power of this eye being tried with Snellen's test types, it was found to be about $\frac{20}{50}$. The girl is not a proficient reader, and is not well developed, either mentally or physically; she looks like a girl ten years old. Her range of accommodation is normal, but the size of the diaphragm does not show the slightest change, either on the influence of light or on accommodatory efforts, this being a *demonstratio ad oculos* for me, who had never met with a similar case before, that the sphincter iridis has no influence whatever on accommodation. Notwithstanding the extraordinary size of the pupil, the eyeball is not more sensitive to bright light than a healthy eye.

The iris of the left eye does not show any deviation from the normal standard except a small protrusion, the size of a millet seed, taking its origin from the lower part of the free pupillary margin and projecting into the pupillary area. It is not adherent to the lens, as can be readily made out when the pupil is set moving by alternately covering and uncovering it with the hand. A more striking feature of this eye is a brown, disk-shaped membrane, having a diameter of about 3 mm., apparently composed of a net-work of very fine trabeculæ, being thinner in the middle and presenting a fringy circumference, occupying the centre of the anterior capsule of the lens. A careful search does not reveal the slighest connection between this membrane and the iris. The acuteness of vision in this eye is about $\frac{20}{30}$, somewhat less than its fellow. This figure is lessened considerably when bright light strikes the eye, because then the pupil contracts and permits no rays through parts unobstructed by the pupillary membrane. A few very small pearly dots are seen scattered in a plane somewhat behind the abnormal membrane.

Examination with the ophthalmoscope is only possible when atropine is used in order to dilate the pupil; the fundus was then found healthy.

The father of the girl calls the difficulty with

the left eye a "cataract," and says that the girl had a similar "cataract" in her right eye, but was cured by an old woman. It is possible that a pupillary membrane had persisted after birth in this eye too, and has since undergone absorption, leaving only a few dot-like opacities which I have mentioned above. I intend to watch the left eye, in order to detect any changes going on in the pupillary membrane.

The above case is sufficiently rare to justify its publication; I am not aware that a similar one has been reported in this country.

A Case of Compound Myopic Astigmatism, of Low Degree, Mistaken for Myopia, of Moderate Degree.

Mr. Henry S——, aged 19, a student at a Theological Seminary, consulted me June 1, 1874. He cannot see well at a distance. When reading he must hold his book as near as 6″ to his eyes, which tire very soon. A pair of glasses which he obtained at an optician's a short time ago, enabled him to see distinctly, as well as to hold his book several inches further off, but they strain his eyes and are the cause of headache, of which he now complains as having become constant. An oculist whom he had consulted since, pronounced the glasses to be the right number. They have a negative focal distance of 10″ and he wears them all the time. Upon examination I found the conjunctiva palpebrarum of both eyes injected and the transition folds swollen and rough.

His vision at distance was improved to nearly normal by concave No. 11, but as his range of accommodation did not correspond to M $\frac{1}{11}$ I proceeded to an ophthalmoscopic investigation of the state of refraction, which revealed to me, at once, that the dioptric apparatus of both sides were astigmatic. With the use of trial glasses I made out M $\frac{1}{10}$ + Am $\frac{1}{12}$ on the right side, and M $\frac{1}{12}$ + Am $\frac{1}{10}$ on the left, the astigmatism being due to an excess of refraction in the vertical meridian.

The fact that patients can see nearly perfectly at a distance is explained by the dispersion circles on the retina being lessened to a minimum by the contraction of the pupil, this being an associated movement to the contraction necessitated by the concave lens, on the ciliary muscle.

This case shows very forcibly that it is wrong to give a patient a concave glass to wear merely because it improves his sight at distance, neglecting to collect further evidences of his being myopic in the corresponding degree.

AMMONIA, AND ITS THERAPEUTICAL APPLICATION.

BY P. J. FARNSWORTH, M. D.
Of Clinton, Iowa.

Read before the American Medical Association, at Detroit, June 31, 1874.

The union of the two well known and abundant gases, hydrogen and nitrogen, forms the singular compound called ammonia, a pungent gas, differing from either of its constituents, easy of liquefaction, and readily soluble, acting the part of a base or element in the formation of salts. It belongs to the alkaline group, and, to all intents, is an alkaline radical. Its chemical composition is, by volume, three parts of hydrogen and one of nitrogen, its symbol, $N H^3$. It is a natural product, the gases uniting in their nascent state, either as the result of volcanic action or through the decomposition of animal substances containing nitrogen. As a medicine it is mentioned by the earliest historians. Galen speaks of it as a remedy derived from some older author, for catarrhal diseases, used in the form of inhalations from burning hartshorn. Muriate of ammonia, or more properly ammonia chloride was used for various diseases in the thirteenth century by Raymond Lully, and by Basil Valentine in the fifteenth. The gas was isolated by Bergman in 1782, and named by him ammonia.

A recent writer, Dr. Beigil, of London, says: "Ammonia is one of the few medicaments which have been in great favor with physicians from the earliest period of medical history up to the present time."

It is present in small quantities in healthy blood. In larger quantities it becomes foreign or hurtful, and is eliminated from the system by the lungs. Of the other alkalies, potassa and soda, potassa, above the healthful amount, dissolves the tissues, and is eliminated mainly by the kidneys. Soda is milder in its action, and enters into combinations that are principally eliminated by the bowels.

The alkalies perform a very necessary and useful part in the economy, both by acting as solvents and by maintaining the fluidity of the blood, and also by uniting with the acids that, both by direct introduction and by dissociation, are present in the system.

Soda and potassa may, to a certain extent, be interchanged in the animal economy; they can neither of them take the place of ammonia. Ammonia may neutralize the acids of the stomach. and maintain the fluidity of the blood, but it does not remain long enough in the system to reach the bowels or kidneys.

The nitrogenous salts of the urine in contact with water and a ferment are readily changed into ammonia and ammoniacal salts These are not normal products, but always the result of decomposition. If urea accumu ates in the system to a dangerous extent, and is thrown upon other tissues for elimination, rather than the appropriate one, ammonia is formed, and it is then reabsorbed and excreted by the lungs.

Dr. Bence Jones states. as the results of his experiments, that "the exhibition of ammonia may neutralize acidity of the stomach, but is not followed by alkalinity of the urine." Ammonia, in excess, in the circulation passes by cutaneous exhalations. Thus in low fevers, or in cases of uremic poisoning, we recognize the ammoniacal odor in the perspiration and in the breath.

In healthy states the ammonia is neutralized by the acid of the perspiration and that of the lungs. (Pneumic acid is one of the products of the lung secretions). Ammonia, in its combinations with acids, is more easily separated in the presence of carbonic acid than are the other alkalies, so that when brought to the lungs it takes it up there by choice. Marshall Hall has shown by his experiments that "ammonia, by its property of neutralizing carbonic acid, is able to prolong animal life." He concludes, therefore, that "ammonia may be applied where carbonic acid is produced in a limited space, and is particularly apt to render good service in cases of secondary apnœa after incomplete suffocation." The excess of carbonic acid in the system unites with ammonia and is discharged by the lungs. This is confirmed by numerous observations. It also liquefies the secretions of the lungs and brings a larger amount of blood in contact with the air, thus increasing the rapidity of the circulation and producing more complete oxydation. It acts as an oxydizer. "Ammonia," says Pereira, "acts as a diffusible stimulant, excitant or califacient. It produces a sense of warmth in the mouth, throat and epigastrium. A temporary excitement of the vascular system succeeds, but this quickly subsides. The heat of the skin is sometimes increased, and there is a tendency to sweating." But the skin is not the only organ stimulated to increased exertion. We observe the kidneys produce more urine, and the quantity of the bronchial mucus is increased. The nervous system is also affected, and the activity of its functions heightened. "*Ammonia does not render the urine alkaline.* The exaltation of nervous action therefore must account for the increase of urine.

Pereira further says: "Compared with other stimulants, as camphor, wine, or opium, we observe, in the first place, the influence of ammonia is principally manifested in the ganglionic and true spinal system, while the other stimulants above mentioned affect the cerebral system. Thus the effects of ammonia are usually exhibited on the circulation, respiration, secretion and spasmodic actions; but camphor and opium, though they also affect these functions, yet they principally affect the intellectual functions." Ammonia is adapted for specially rousing the action of the vascular and respiratory systems. According to the researches of Dr. B. W. Richardson. the existence of free ammonia in small quantities, in healthy blood, is the chief or only cause of its alkaline reaction. To the escape of this volatile alkali, after the blood is drawn, and the consequent liberation of the fibrin, which is held in solution, Dr. Richardson ascribes the coagulation of the blood. This has been disproved by later experiments, but it has been shown that a large amount of carbonate of ammonia is respired daily, proving that it does exist in the blood in some form. Its action on healthy blood, out of the body, is not to prevent coagulation, but to disintegrate the corpuscles.

In the stomach and in the blood, medicines undergo a change or dissociation, so that they are of a uniform character if they are retained in the system, or are of a constant type if excreted by any organ that depurates the blood. Ammonia undergoes a change in the system. In whatever form it enters it exists in the circulation like the other alkalies, in the form of a carbonate, and is excreted as a single or double carbonate.

Medicines, in chemical combinations, differ more in their appearance and the manner of being received by the system than in their specific action on the system. Caustic ammonia irritates the mucous membrane, and does not find a ready entrance into the blood; add to it

one or two measures of carbon, and it is mild to the surface, and is taken up or excreted without difficulty. Ammonia is a simple stimulant, and also a stimulant expectorant, exciting the tissues over which it passes, and increasing the secretions of the tissues with which it comes in contact. It absorbs the carbon from the blood and removes the obstructions from the mucous surface of the lungs, allowing a free aeration of the blood. It is owing to the presence of ammonia in dry, pure air that respiration is carried on so easily. In rainy and damp weather the ammonia is absorbed and falls to the earth; hence respiration is difficult, not so much on account of watery vapor, but because the ammonia is absent. Many have noticed the exhilarating air during a dry snow storm. This is owing to the large amount of ammonia brought down by the snow, as is shown by melting it when newly fallen. Ammonia is one of the best expectorants we possess. It may be used in all stages of disease. Its effects are transient, and in bronchial obstruction or inflammation it may be applied even though hyperæmia be present. It is still more beneficial when anæmia or low states of the system exist, as it then stimulates generally and also removes the obstructions from the lungs. It enters the circulation, is carried to the lungs, and is there eliminated. It unites with the carbonic acid, neutralizes the acid present in the lungs, and stimulates the secretions. Its prime effects are over the mucous membrane of the bronchiæ. In diseases affecting the substance of the lungs it does not exert so much influence, especially in the early stages; but when resolution or softening takes place then its expectorant properties may be advantageously brought into use. In bronchitis or any disease complicated with it ammonia is the great remedy. Some prefer one form, some another, according to circumstances or habit. Aqua ammonia is stimulant and irritating to the tissues, as well as expectorant. The carbonate is mild and easy of assimilation. United with acetic acid it is more diaphoretic in its action. By its classification as a diffusible stimulant it has, in many cases, been misapplied. In low forms of fever, where the circulation is already alkaline, and ammonia is being formed by decomposition, its application must be prejudicial. If applied, however, in any low form of disease before dissolution commences, ammonia may be of the highest utility, by freeing the bronchiæ from the obstructions that hinder free respiration, and by its eliminative properties discharging volatile poisons from the system. Alcohol in the system passes out with the expired air. When the kidneys and sudorific glands are overburdened and obstructed the lungs do increased duty. Nothing so hastens the elimination of the poison as frequent doses of ammonia.

It has been used from the earliest times as a stimulant of the respiratory and cardiac nerves, in cases of syncope—used by inhalation. In a case where respiration was suspended during the administration of chloroform, I injected three drops of aqua ammonia, diluted with water, into the subcutaneous tissue of the arm. The patient rallied at once, and complete recovery took place. In a case of bronchitis, in a debilitated patient, an opiate had been incautiously given; the secretions were suspended and asphyxia seemed imminent; five drops of aqua ammonia, diluted with a drachm of water, was injected under the skin. The effect was immediate. The circulation was aroused; a large quantity of mucus was discharged from the lungs, and the arterial color of the circulation restored. The patient recovered under the continued administration of carbonate of ammonia and alcoholic stimulants. In two other cases of bronchial obstruction I have used endermic injections of ammonia with marked success.

I was called, at four o'clock in the morning, to see a man who was laboring under symptoms of opium poisoning. I found, upon inquiry, that he had taken somewhat over an ounce of tr. opii. at 10 P. M., by mistake for port wine. Extremities were cold, respirations from four to six per minute, pulse full, lips livid; was unable to rouse him to consciousness. Injected into his arm three drops of aqua ammonia. It increased the respirations and improved the color of the circulation. A second injection was given, other means of resuscitation were used, and the patient gradually recovered.

In a case of shock, from railroad injuries, with the pulse hardly perceptible, the stomach would retain nothing. Inhalations of chloroform were alternated with that of ammonia. The patient very soon came under the anæsthetic, and the crushed leg was removed. Reaction occurred very soon, and the patient made a good recovery. In the catarrhal bronchitis of children, I have used inhalations of ammonia with good results. I have also tried, with bet-

ter results, Dr. Beigil's plan of inhaling ammonia chloride, in the nascent state, which will be described further on.

An observer reports to the French Academy, January 15, 1874 some effects of the subcutaneous injection of ammoniacal urine on animals, producing a train of symptoms, according to his observations, like uremic poisoning. He finally produced the same symptoms by injecting healthy urine mixed with carbonate of ammonia. I have not been able to produce such results, and doubt the correctness of the inference. Animals suffer some uneasiness and sometimes tetanic symptoms, from the ingestion or injection of carbonate of ammonia, and the addition of urine does not alter the result.

In my hands ammonia is the most reliable remedy in the diseases of children. Most, if not all, of their lung complaints are of a catarrhal or bronchial character, in which I use emetics of a milder kind, such as ipecacuanha or zinc. I also use veratrum viride, with outward applications and carbonate of ammonia. Dr. Buchanan, in his Lettsomian lectures, says, "Next to emetics, the remedy in which I place most confidence is carbonate of ammonia. I am satisfied that it loosens the contents of the bronchiæ, and assists greatly expectoration, for which we advocate the use of emetics. I give the bicarbonate of ammonia (formed by exposing the ordinary sesque carbonate in powder to the air, until it has lost its pungency) in preference to the mono carbonate. Small children can easily take one or two grains every three or four hours. Ammonia has also appeared to me the best addition to be made to ipecacuanha powders when an emetic is given in the case of asphyxiating disease, to which I have referred. The action of ammonia on the bronchiæ is not accurately ascertained; not improbably, it is upon the muscular and secreting elements alike. We know that it copiously increases the secretions from the skin."

He is in doubt concerning its effects, by not observing that it is principally excreted by the lungs. I use the bi-carbonate in preference to any other form for adults and for children, for the same reason he adduces, ease of administration, relying on the dissociating power of the system. I use the veratrum viride to subdue the fever by decreasing the heart's action; the emetics, in nauseating doses, to relax the capillaries, and the ammonia to stimulate the lung tissues, dissolve the mucus and give it a "fillip," as Dr. Watson says, that relieves the breathing.

Every one is aware with what extreme caution opiates must be used in all diseases of children, and how entirely interdicted they are in diseases of the lungs, drying up the secretions of the bronchiæ, and producing asphyxia by preventing the aeration of the blood. This is also true in the bronchial diseases of adults. With due caution opiates may be given to children, in combination with ammonia, with most excellent results. Instead of ipecac I often combine the powder of ipecac et opii co. with ammonia. In other diseases of children where opium is indicated its dangers may be obviated by a similar combination. Simple diarrhœa and cholera infantum will yield to carbonate of ammonia and opiates more readily than to other remedies, the ammonia acting in the stomach as an antacid and at the same time keeping up the secretion from the lungs. Dr. Stierlin considers carbonate of ammonia almost a specific in the catarrhal pneumonia of nurslings. He treated about one hundred and fifty cases, of which he has lost only seven, five of them having been seen for the first time after extensive atelectasis had been formed and the disease far advanced. He considers ammonia indicated whenever a young child is selzed with catarrhal pneumonia, either after measles or bronchitis. If the patient is less than eight months old or feeble the ammonia is given from the first and alone, employing sinapisms also. But where the children are stronger or older he gives them first an emetic, wraps them in a wet sheet, and applies ice over the chest, giving the carbonate of ammonia on the second or third day. This is followed immediately by a great alleviation of the symptoms and a decrease of the fever. The action of the ammonia is in all such cases most remarkable, almost magical, and no preparation seems so useful as the carbonate, of which twenty grains may be dissolved in two ounces of water and given in spoonful doses every hour at first, subsequently every two hours. Older children, of course, to have a larger dose than the younger ones.

In the catarrhal stages of measles, and even during the whole course of the disease, nothing affords so much relief as carbonate of ammonia and Dover's powder; ipecac is substituted if the patient is very young. The same remedies are valuable in varioloid, also in the later stages of scarlatina, also in erysipelas. In adult cases

the chloride of ammonia acts still better, and with children is preferable in scarlatina. Dr. Patton, of Vincennes, Indiana, reports to the *American Journal of Medical Sciences* for October, 1870, three hundred and nine cases of pneumonitis, severe and well marked, treated by himself and others with carbonate of ammonia, of which only eight died, or one in thirty-eight. He gives five to ten grains every two hours, night and day, from the commencement of the attack; in some cases blisters and quinine were employed. In similar cases I have adopted the treatment, with the addition of from two to five drops of sat. tr. of verat vir. every three hours, during the febrile stages of the disease. Much was said a few years ago in regard to a cure for whooping cough by taking the patients to the gas works and letting them inhale the vapors there. It produces good results, but is owing to the free ammonia in the air. It may be less inconveniently applied by diffusing the gas through a room at home. Whooping cough is a self-limited disease, that may be alleviated by ammoniacal vapor, but yields more readily to antispasmodics and nerve sedatives, so-called, bromides and chloral. In this connection I may mention that better results are obtained from ammonia bromide than from pot. bromide.

Ammonia acetas is another form of administering ammonia, and may be used where a more diaphoretic action is sought. Under the name of spr. mindererus it was extensively employed by the older physicians. A separate consideration of the medical properties of ammonium chloride is necessary, as it probably owes its virtues to chlorine as much as to ammonia Chloride of ammonia is composed of one eq. of ammonia and one of chlorine ($N H^4 Cl$). It is one of the earliest known and applied forms of ammonia, familiarly termed sal. ammonia, or more frequently muriate of ammonia. Its chlorine gives it alterative properties and modifies its expectorant qualities. It is partially decomposed, in the system, into ammonia, which unites with carbonic acid and chlorine, which forms hydrochloric acid. It is partly discharged in its combined state by the lungs, the skin and the bowels. It increasps the amount of urea in the urine.

Chlorine, like iodine and bromine, is an alterative, or cataytic, as Heidland terms it. He says of these substances, "All have the power, when taken in sufficient quantity, of diminishing the fibrine in the blood, and causing wasting of the tissues. The expectorant effect of the combination is greater than that of the ammonia alone, with less of its stimulant properties."

Ammonia chloride also stimulates the secretions of the liver, and of the mucous surfaces generally, and has a sedative action on the nervous system. Sundelin, who wrote a long time ago, says of it: "It exerts a sedative influence on the system, diminishing the plasticity of the blood, and promotes glandular secretion, and the absorption of fibrinous exudation."

The more recent investigations of Bocker tend to support this theory. He has shown that during the use of the salt the proportion of urea excreted is augmented, the stools become soft and largely mixed with mucus; that it increases the secretions of all the mucous membrane. and, slightly that of the skin. From repeated trials I am convinced that there is no medicine in the materia medica that exerts so beneficial an effect in chronic, catarrhal and bronchial affections. In all cases partaking of this character, where there is a deficiency of the secretions, doses of from one to ten grains give the greatest relief. Other remedies are, of course, not to be neglected, in connection with nauseants or depressants in the acute stages, and combined with tonics and stimulants in the later stages. In *simple* pneumonia I prefer the carbonate, but, if *complicated*, I combine the muriate and carbonate.

Dr. H. C. Wood, Jr., in speaking of it, says: "In obstinate, acute bronchitis, after the first intense stages, in catarrhal pneumonia, both of children and adults, in bronchorrhœa and in ordinary chronic bronchitis, I have obtained more apparent good from the use of muriate of ammonia than any other remedy; of course other secondary means are to be vigorously used; counter-irritants, poultices, support or diminution of food supply, etc., as the case may call for." He gives a formula for its administration: ten grain doses to an adult, and five to a child, every three hours.

In a common cold there is usually coryza and bronchial inflammation; a mixture of muriate of ammonia and an opiate will relieve it in a few doses.

Inhalation of muriate of ammonia has been found beneficial in asthma and bronchitis. An apparatus has been contrived for inhaling the

gas, when just formed. A bottle containing muriatic acid is connected with a bottle having a tube and mouth-piece; a third bottle is connected with this, containing aqua ammonia. Drawing on the mouth-piece brings the gases from each bottle, which unite in the tube and reach the circulation through the air-passages. Very decidedly beneficial and very speedy relief is afforded. It is to the disease what the endermic injection of morphine is to an acute pain. This method of application has been tried with success in aphonia from cold, or from catarrhal affections. Nasal catarrh is benefited by this apparatus. The application of muriate of ammonia to nervous diseases is of very early origin. Galen used it for that purpose. Numerous eminent authorities may be cited to prove its usefulness. Sir Thomas Watson, in his work on practice, speaks of its good effect in facial neuralgia. Dr. Anstie, in the *Practitioner* (December, 1868), says, "Muriate of ammonia is one of those common-place and unattractive substances which we, in this country, are little apt to credit with extensive remedial properties in disease." He then specifies the diseases to which it is applicable. "Myalgia is speedily amenable to the muriate of ammonia in doses of from ten to twenty grains. Various neuralgias are speedily cured, such as migraine, and clavus hystericus, and facial neuralgia. In intercostal neuralgia, especially in that form met with in nursing women, or in phthisical patients, the remedy is of great value, frequently relieving the patient in half an hour. It may be used with advantage in the milder varieties of sciatica, which occurs in young and debilitated patients, and in that somewhat obscure form of neuralgia termed hepatic." The writer expressed his conviction that muriate of ammonia is the most powerful of all functional restoratives of suspended secretions. He especially recommends it in those cases where the disease is produced by severe and exhausting mental excitement. He mentions several instances in which two or three doses of twenty grains have caused a marked recommencement of suspended biliary secretions. The doctor gives as a theory of the action of the medicine in these diseases that "it is a pure tonic stimulant to sensitive vaso-motor nerves." I think in these cases it is the *stimulant* properties of the ammonia and the *alterative* properties of the chlorine which effect the good results. In its mitigation and control of nervous diseases it resembles the sedative action of bromine; in its influence over the secretions it resembles iodine. I would place chlorine between them. Ammonia acts as an adjuvant, as it does with iodine and bromine.

Dr. Cholmondeley followed Dr. Anstie (*Practitioner*, December, 1868), with a paper confirming, from an experience of fifteen years, the good effects of muriate of ammonia. He has been in the habit of using it successfully in neuralgias of the fifth pair of nerves. facial neuralgia and hemicrania; nervous headaches, such as occur in some patients after violent emotions, or strain of the nervous system; in sciatica and lumbago, and in the painful sequels of rheumatic fever. He further states it to be a powful emenagogue in amenorrhœa. In cases of nervous and delicate girls and women it may be advantageously combined with perchloride of iron. It is also beneficial in cases of dysmenorrhœa occurring in nervous or rheumatic patients, and in the various ailments that accompany the change of life in women. He gives the medicine in doses of from ten to twenty grains.

Chloride of ammonia has been long used by the German physicians as a substitute for mercury in diseases of the liver. If it were only an inert medicine, as many suppose, it would be well to give it in many of the supposed diseases of that much-abused organ, to the relief of the more-abused and over-used medicine, mercury chloride. It is not, however, an inert medicine, but a decided and powerful excitant of the secretions of the liver. It is alterative and resolvent; according to the old writers, catalytic, sedative and eliminative; according to Headland, a nerve sedative, a stimulant to the secretions and an eliminative medicine.

The consideration of chloride of ammonia leads me to a further notice of chlorine. United with other alkalies, chlorine forms compounds difficult of dissociation in the system. Chloride of sodium, chloride of potassium and chlorate of potassa appear in their compound form in the secretions and excretions. Chlorine separates too readily from the looser compounds, chlorinated lime and soda, and comes in contact with the tissues in an irritating form, just as the kindred elements, iodine and bromine would, uncompounded with their alkalies.

Headland says: "The compounds of bromine and chlorine resemble in their action those of iodine. All have the power, when taken in sufficient quantities, of diminishing the fibrin of

the blood and causing wasting of the tissues. This action is more apparent in the case of iodine." Later experience with the bromides show that they are more largely nerve sedatives than resolvents. Chlorine has *sedative* properties not so marked as that of bromine; *resolvent* properties, but not of so general a nature as that of iodine. Headland also remarks: "It is said that scrofula and consumption are unknown among the workmen in bleaching factories where chlorine is being constantly inhaled. Thus, it has been strongly recommended, that diluted chlorine should be inhaled by consumptives."

The union of chlorine with deleterious emanations may make the atmosphere of the bleaching factories healthier, and thus, in various ways, prevent consumption.

Chloride of barium has been much extolled as a remedy for scrofula. Introduced into practice by Dr. Crawford, in 1789, and since administered by Huffland, Priond and Baudeloque. Headland remarks, "Supposing its efficacy granted, it is a question whether it is to be attributed to the barium or to the chlorine. I confess that I incline to the *latter*. Dr. Budd found muriate of ammonia useful in scrofulous diseases of the liver.

In an extensive epidemic of jaundice which occurred in my practice, I had excellent success with muriate of ammonia. It was in every way preferable to a mercurial treatment which was used by my neighbors. Under its influence the bowels became relaxed and the secretions from the liver were established.

In conclusion, I regard ammonia as a stimulant when taken into the system, rousing up the nervous forces, and being excreted by the lungs, stimulating the secretions of that organ and producing a slight action on the skin. It is neutralized by the alkalies, unites with carbonic acid, and in the system exists as a carbonate. It is discharged in the form of a bicarbonate, taking the carbon from the blood, and at the same time stimulating the bronchiæ to freer secretion and elimination. It is a typical expectorant, and one of the most valuable we possess. It may be used in all forms of bronchial diseases, and also in any disease complicated with bronchial obstructions, or where there is morbific matter of a volatile nature to be eliminated. From its transient character it may be used in febrile states as well as debilitated; in sthenic cases, because it removes obstructions; in asthenic states, because it stimulates the nervous system and assists elimination.

It is sometimes misapplied in low forms of disease, where decomposition is taking place, and ammonia is being generated in the system, as happens often just before death. "This is to be avoided by taking care not to confound *nervous force with vital force.* When there is a failure of *nerve force* it may be stimulated to action; *where there is a failure of vital energy no stimulant will serve to prolong life, for it cannot communicate fresh vital power.*"

The therapeutical indications for ammonia are where a transient nerve stimulant is required, as in syncope or shock; in cases of partial asphyxia from any cause; also, where we require a stimulant expectorant, in deficient or inspissid bronchial secretion, where there is insufficient force in the lungs and carbonization of the blood, and where we wish to aid in the elimination of volatile poisons.

In chloride of ammonia the indications are where we wish for expectorant and alterative properties, with less of exaltation of the nervous system, and where we require an increased action of the liver and a sedative and tonic effect on the nerves, its properties being probably due, in a great measure, to the chlorine.

Hospital Reports.

PHILADELPHIA HOSPITAL.

Surgical Clinic of John H. Brinton, M. D., Surgeon to the Philadelphia, and to the St. Joseph's Hospitals.

REPORTED BY J. V. SHOEMAKER, M. D.

May 20th, 1874.

Urethral Stricture.—External Section.

GENTLEMEN:—I shall this morning again bring before you the patient upon whom I operated for stricture on Wednesday last. You will doubtless recall the case. His history as he now gives it to me is as follows:—

He is a German, aged twenty-nine years, and served during the Franco-Prussian war as a private in the second Uhlan regiment. In 1868 he contracted a gonorrhœa, which was readily cured. In 1870 his horse was shot in action, and rearing, fell upon him, bruising his left testicle. Considerable swelling ensued, attended by much perineal pain, and by a diminution in the diameter of his stream of urine. In a few days these symptoms disappeared. In September, 1872, he again contracted a gonorrhœa, which lasted six weeks. From its inception his

stream was very small and twisted. Urination was attended by great straining and vesical pain, and occupied a considerable time; oftentimes, indeed, as he says, from twenty to thirty minutes. In the early part of 1873 he was admitted into hospital at New York, and somewhat later into the Infirmary in Baltimore. At times the stricture symptoms were very much aggravated. Attempts at catheterization were frequently made, but he persistently refused all other operative interference. In December, 1873, he contracted a third attack of gonorrhœa, since which period his difficulty in urination has been greatly augmented, and, indeed, for the last three months there has been no stream, properly so-called. There has been only a dribbling or a dropping of his urine. His stricture is apparently most obstinate.

As I told you a week ago, I have uniformly failed to pass any instrument, even the finest in size, through these strictures; neither have my colleagues succeeded any better than myself. The diagnosis which I arrived at in your presence was one of multiple stricture, the anterior situated at about the peno-scrotal junction, and the other or others, behind it. The anterior stricture, we made out to be annular in character, and you will recollect that I divided it by internal urethrotomy, last Wednesday. The urethrotome I employed in so doing was Charrieré's combination of Civiale's and Maisonneuves' instruments. I had no difficulty in overcoming this first or anterior stricture, and behind it found the urethra dilated into a sort of sac, which contained a small amount, apparently about half a drachm or a little more, of urine. Passing through this dilatation I met with another stricture, through which I could not even insinuate the most delicate instrument. The urethra seemed to be completely blocked. I determined as I told you then, to attempt no more at that sitting. I was convinced that I could not then pass the stricture, and I did not consider it safe to cut blindly, without a guide, in the deeper parts of the urethra. I preferred to wait. I directed the patient to be put to bed between blankets, and opium and quinine to be given internally.

I expected, and indeed so told you, that our patient would, in all probability, experience a chill, and perhaps a smart attack of urethral fever, for the cutting and manipulation which you witnessed upon his urethra had been considerable. At the same time I had been very careful to keep my operative interference within proper surgical limits, and I tried to avoid any unsurgical rudeness. In dealing with the urethra, you must learn, when sometimes, to hold your hand, when to desist, even at the expense of apparent failure. I have seen life imperiled (and I use the mildest phrase) by the honest efforts of a conscientious surgeon to do too much. Our patient, however, was none the worse for all the attempts we made last Wednesday to penetrate his urethra.

He has had no chill, no fever. He has been no worse in any respect than before the attempt. At the same time he has not been materially better. His urine, if anything, dribbles a little less, and approaches more in character to a tiny stream, but yet the change is not much. He is still obliged to keep a urinal under him all the time. I have made, during the last week, one or two efforts to introduce a fine whalebone bougie through the deep strictures, but I have not succeeded.

I cannot pass this obstruction, at least I have not yet been able, and I have made constant and well directed efforts to do so. The stricture is to me impassable, at all events for the present. It is what, in the nomenclature, is called an impermeable stricture. Is there such a thing as an impermeable stricture? Strictly speaking, there is not. In all cases water can, at some time, and in some small quantities, work its way through, and in the very great majority of instances the surgeon, by the exercise of adroitness and patience, may succeed in insinuating through the obstruction some sort of delicate instrument. This may be very difficult to accomplish, but in the great majority of cases, I repeat, it can be done. Exceptionally, very rarely, the manipulation may be so difficult and prolonged, and the patient's symptoms so urgent, as to demand a speedier relief. Such a case I believe I have here to-day. This man's general health is suffering. He must be relieved, and speedily. The stricture must be conquered, and the urethra opened up. I have, therefore, decided to divide his stricture from the external surface.

And here let me repeat, that I regard this operation as one rarely to be called for. You know that I have taught you that you ought to succeed in passing the whalebone in almost any case of stricture, and that, the fine guiding bougie once introduced, you are nearly sure to overcome the stricture by attacking it from the urethra; by dilatation, by bursting, or by incision. Extreme irritability may be a serious complication, but even that may usually, by proper methods, be brought into subjection. You know, too, that I have so succeeded in the very many cases of stricture I have brought before you. We have sometimes experienced great trouble and delay in passing the stricture, but hitherto we have eventually accomplished our purpose in every case, save in that of the patient on the table.

For the reasons, however, which I have given, and from the firm conviction I entertain as to this man's best chances, I have determined to perform upon him, to-day, an external section. And here let me say a few words as to the different operations of external urethrotomy. First, we have Symes' operation. In this a fine grooved metallic staff, such as I here show you, is passed down the urethra, and through the stricture. Upon this groove the urethra is opened by an incision from the external surface, and the stricture is freely divided and slit up. A silver catheter is then introduced into the bladder and allowed to remain for two or three days. You observe, that in this operation it is essential that the stricture be permeable, so that the

operator can introduce through it his guiding sound. And here, it seems to me, an objection arises to Mr. Symes' operation, for it is probable that in almost every case in which a stricture can be passed by an instrument, no matter how small, that it can be eventually overcome by dilatation, internal incision, or bursting. External incision is not, I think, usually necessary, and, in fact, should be avoided. It is, I believe, generally admitted that it is attended with some danger, and that it exposes the patient to the hazard of a urethral fistula, which sometimes proves very difficult of cure.

The second procedure is the ordinary one, described in old times as the buttonhole operation. It is that which I propose to perform this morning. This is its principle: a grooved staff or sound, of as large size as possible, is carried down, until it is arrested by the obstructing stricture. Upon the end of this instrument an incision is made from without, below, and in front of the stricture. The urethra is then opened, the stricture is divided by a narrow probe bistoury, the upper end of the canal is sought for and a catheter is then carried up into the bladder. This is all, and from my description, it may seem to be of very easy performance. But it is not. I know of scarcely any operation which is so difficult of successful accomplishment. The search for the upper end of the urethra, through the surrounding induration is oftentimes analogous to the proverbial seeking for a needle in a haystack, and I am sure I always experience an immense sense of relief when I can carry my probe or catheter into the bladder. You will probably obtain a much more correct idea of the difficulties of the operation by actual observation, and I shall now proceed to its performance.

The patient has, of course, been thoroughly etherized, and I place him, as you observe, upon the edge of the table, in the usual position directed for lithotomy. His legs are wrapped in separate blankets; this is a precaution I always adopt in undertaking any prolonged operation, such as the one I am about to perform may prove to be. I now once more endeavor to pass Symes' staff through the stricture, but, as you see, I can make no headway. I therefore withdraw the instrument, and in its place substitute a large sized, ordinary grooved staff, the point of which I feel to be arrested at the stricture, just behind the scrotum. As I draw the latter forward I then, as you see, cut slowly down upon the end of the instrument, taking great care to keep directly in the median line; as I approach the urethra I divide a hard brawny mass. The point of my knife is now in the groove of the staff, which appears to rest in a sort of sac or dilated urethral pouch. I enlarge the opening already made by my knife, and search carefully for the posterior orifice of the urethra. I here experience great difficulty; the surrounding induration is very decided; there are probably one or more false passages, and I am literally groping my way in the dark. Great caution is necessary, especially in cutting backward, lest I fall upon the bulb and encounter an annoying bleeding, which may obscure the parts and interfere with my search. My great object here is to keep to the urethra, and if possible, to follow its anterior wall backward.

To accomplish this, I shall ask my colleague, Dr. Maury, to draw aside, with a pair of sharp hooks, the divided edges of the urethral mucous membrane. I then endeavor with this probe to follow back the anterior wall, and to my great satisfaction I find that the instrument passes upward and into the bladder; upon it I slide this large grooved director, and then withdraw the probe; a full gush of urine along the groove satisfies me as to the whereabouts of my instrument. I have already largely incised the stricture, but I can detect that there is still a good deal of narrowing above my cut. I therefore carry up this delicate, blunt-pointed tenotome, and divide the stricture still further, cutting upon the floor of the urethra. My director now moves easily up and down the channel, and I can, as you see, introduce this large silver catheter, of Symes' pattern (No. 12), directly into the bladder. A large amount of urine, not less than twenty-eight ounces, flows away, and the operation is completed, to my great satisfaction.

The after treatment in such a case as this, requires careful consideration. So far, all is well; the stricture has been overcome and the route to the bladder has been freely opened up. It remains to bring about granulation and cicatrization of the external wound, and at the same time to preserve undiminished the patency of the canal. Shall I leave a catheter in the bladder or not? In most cases of urethrotomy I prefer not to do so. I would rather trust to the introduction of the instrument and to the evacuation of the bladder, at proper stated intervals, at the hands of the surgeon. I have, I confess, a dread of leaving an instrument inside after external or internal section, since I think that it not unfrequently gives rise to vesical irritation and inflammation, which had better be avoided; at the same time, in exceptional instances, as the present, when the section is so far forward as to render urinary infiltration not unlikely, it may, perhaps, be best to leave, for a little while, a catheter in the bladder. I shall therefore permit the silver Symes' catheter, No. 12, English, to remain for twenty-four or forty-eight hours, and shall then probably replace it with a polished gutta-percha French flexible instrument. As soon as possible this also will be removed, and the water will be drawn off at stated intervals by my resident, with a silver catheter. An early effort will be made to teach the patient himself to introduce an instrument, and should he succeed in this, I hope for a speedy, solid healing of the wound, without the occurrence of perineal fistula.

The patient will now be removed to his bed and placed between blankets. A full dose of opium and quinine will be given, to guard against chill and urethral fever. His diet will be exclusively of milk, with as much lemonade or other acidulated drinks as he may care to take.

No attempt will be made to force upon him beef essence or solid food of any kind, which, in my observation, is almost always distasteful after severe operations or manipulations upon the urethra. I shall keep you advised as to the progress of this case, and I trust, and indeed believe, that this man will do well.

Note by the Reporter.—June 10. The after treatment of this case was conducted as above indicated. The silver catheter was replaced by the gutta-percha one at the end of forty-eight hours The latter was removed on the eighth day, at which time the urine began to be a little turbid. On the eighth and ninth days the bladder was emptied by the physician in attendance. On that day the patient was able to introduce a silver catheter himself, since which time he has voided his urine three or four times a day. He has not, since the operation, experienced any chill or urethral fever, nor has there been any vesical irritation. The external wound is almost closed. He is able to pass a stream of urine through the meatus, not a drop escaping by the track of the incision. The general condition of the patient at this time of writing is in every way satisfactory.

July 7. The external wound has closed, and the patient is well. He can readily introduce catheter No. 11, English, into his bladder, and passes a full stream of urine.

Medical Societies.

NEW YORK MEDICAL LIBRARY AND JOURNAL ASSOCIATION.—April 10, 1874.

DR. JOHN C. PETERS, PRESIDENT.

Syphilitic Disease of the Bones of Fingers and Toes of Children.

Dr. R. W. Taylor read a paper on the above subject, before the association. From the tenor of the doctor's remarks we infer that he proposes to issue a work on this and allied subjects, and gave it as an abstract from his proposed work. Dr. Taylor published, in 1872, an excellent paper on syphilitic dactylites, and the present article is a continuation of the same study on children.

To those who have not studied the subject we might anticipate profitably by stating that dactylites is a disease usually of the second or third phalanges, seldom of the terminal one, which gives the finger or toe so affected a conical appearance, the apex being at the extremity and the base towards the metacarpus, or carpus, if the metacarpus is involved.

The history of the first child was as follows:—Born in June of 1871, of a mother who was infected in her fifth month of pregnancy. When one month old the skin presented signs of specific disease. The middle finger of the right hand was enlarged, the skin thickened and tender. When the child was eighteen weeks old fluctuation was detected, and an incision made, giving vent to a free discharge of pus. The circumference of the affected finger was two and three-fourths inches, whilst its fellow of the opposite side was only an inch; it could not be fully extended, whereas the fore and ring finger could be so readily. There was no spontaneous pain in the swelling, and the strength was not impaired. After the incision was made an ulcer having a sloughy base resulted. Both mother and child were put on mercury and the iodide of potassium.

After one month of treatment the finger showed signs of improvement. This was more noticeable at the end of two months, and in seven months it was fully healed. The mobility of the finger was perfect, but it measured three-eighths of an inch longer than its fellow of the opposite side.

During the month of July a similar morbid process developed in the metatarsal and cuneiform bones. It had the appearance of hydrarthrosis. This swelling was lanced and pus discharged. During the month of December it healed, but it was found that the joints were less mobile than usual. The disease of the finger lasted for eleven months, but in the foot it continued only seven months.

The next case was peculiar, and is indeed only the second one of the kind on record. The patient, a little girl, contracted syphilis by kissing a baby sister who was infected. The mother was seen in November, 1870. She was then in the seventh month of pregnancy, and the first year of her syphilis It was contracted from her husband in her third month of pregnancy. In January she was delivered of a syphilitic child, and from kissing this child the elder one contracted syphilis. The second metacarpal bone was affected in this case, and at the same time the lower end of the radius and olecranon process of ulna. They were sore when pressed upon. After a month of treatment with the bichloride of mercury and the iodide of potassium, the swelling diminished in size, and nearly disappeared.

Dr. Taylor, after finishing his own two cases, gave a summary of two cases which had been observed by Dr. L. D. Bulkely, of this city.

The first case was a delicate girl of two years and three quarters old. When first seen she had a swelling on her ankle which had lasted for fifteen months. The first phalanx had swelled, softened, and opened. Some of the bone lesions were eighteen months old. The joints were unaffected, though there was an ulcer over the phalanx, extending down to the bone. The fourth and fifth metatarsal bones were affected in a somewhat similar manner. The patient was put on bichloride of mercury, iodide of potassium, and the ammonio-citrate of iron. The sores were dressed with simple cerate, and the patient had improved very much in a month.

In the second case reported by Dr. Bulkely, the metacarpal bone of the thumb was enlarged to twice its natural size, and the thumb shortened.

Dr. Taylor said that in this disease any of the bones may be involved, though the phalanges most frequently so. When distal phalanges

are affected there results great deformity, and when the second phalanx is involved it results in a very clumsy looking finger. Three cases of this latter variety have been noticed. The proximal phalanges are the most commonly implicated; they were so in Dr. Bulkely's two cases, as well as the two he reported himself. The increase of size in the phalanx is usually to two or three times its natural size. It is longer than usual, and broader at the base. The joint is enlarged, and this deformity is most perceptible on the palmar surface. The swelling of the phalanx is uniform, and in this respect it differs from rheumatic gout. The ratio of occurrence in the fingers affected would show the thumb to be the seat of the disease twice for every once that the middle and ring finger are. The little finger is seldom involved, unless all the fingers are affected. The surface of the swelling is smooth. The power of grasping with the hand is usually interfered with.

Pathologically it may be considered to be a periosteitis, an osteitis, and an osteo-myelitis. In early life gummy tumors are not discernible, or, in other words, the lesion is of the proliferative kind, no neoplastic element being present. Later in life gummy material does occur.

Dr. Bumstead was much pleased with the paper. It treated of a subject both interesting and novel. It is very important in consideration of this condition to be careful in admitting cases where the diagnosis of syphilis is not assured.

Some discussion took place as to whether keratitis should be considered to prove the existence of syphilis. Dr. T. R. Pooley held that it was an exaggeration to say that keratitis is due to syphilis, though it is frequent in that disease. It may occur where there is no specific history whatever.

NEW YORK ACADEMY OF MEDICINE.

April 2, 1874.

DR. AUSTIN FLINT, PRESIDENT.

Sir William Jenner, Sir James Paget, and Sir Richard Owen were elected Corresponding Fellows of the Academy.

Memoir of Dr. W. C. Roberts.

Dr. G. M. Smith read a memoir of the late Fellow of the Academy, Dr. W. C. Roberts. Dr. Smith traced his career from the beginning, and touched on the time he spent as a student with the late Dr. Valentine Mott, and of the advantage he was to his preceptor. Dr. Roberts was one of the first to start a dispensary for the special care of the diseases of women and children in the city, and maintained his interest in them till his death, which took place last December.

The memoir was of great merit, for the excellence of its diction, and was peculiarly appropriate in the case of Dr. Roberts.

Practical Points in the Treatment of Hemiplegia.

Dr. Beard confined himself mainly, in his paper, to points of therapeutic interest in hemiplegia, and recommended at length support, dry heat massage, and the combination of phosphates, etc., which has been called brain food. He showed an apparatus by which dry heat might be applied to the different extremities and strongly advocated its use.

Artificial support is one of the most important measures in any case of paralysis, and is imperatively indicated if the best results are to be expected. Dr. Beard referred to the method of adapting an artificial support, in the shape of a band of rubber to assist the paralyzed muscles during the first week of hemiplegia. Passive motions should be had recourse to. Massage, or manipulating the affected muscles, is another valuable aid. The late Dr. Geo. S. Elliott was treated in this way after his first attack of hemiplegia, and was recovering very favorably when the second attack seized him, and terminated in death. The motions combat the rigidity of the muscles and prevent anchylosis All cases of hemiplegia have a tendency to recover up to a certain point, and when proper treatment is pursued from an early stage of the disease we can hope for and obtain better results than if treatment commenced later in the disease.

Nervous or hysterical patients yield better results than those of a robust temperament. In the former there is a quicker and more lasting response to treatment, from the susceptibility of the nervous system. The nervous system of the other shows a tendency to be sluggish. Dr. Beard was in favor also of passing currents of electricity through the brain, and in that way influence the nervous system. It had been found that in old cases of paralysis the columns of the spinal cord showed atrophy in the affected side, proving conclusively the evil results which occur when the muscles are allowed to pass into a state of atrophy.

Dr. Mason objected to the passage of electricity through the brain. He said that Benedikt, of Vienna, had tried it pretty thoroughly, and had given it up. Legros and Onimus had made experiments with it. They trephined a dog and passed the current down through the brain and sympathetic system, and found that it contracted the size of the brain, whereas when they reversed the current and passed it up, the size of the brain was increased. Dr. Mason coincided with all of Dr. Beard's suggestions, particularly that of supporting the muscles, to allow them to regain their contractility.

Dr. Neftel was of the opinion that no injury would be caused by a weak current. Benedikt was in the habit of using a strong one. In the passage of electricity through the brain the rheostat should be used. Dr. Neftel was also of the opinion that electricity in the early stages of the paralysis was a positive injury, and should not be had recourse to, though it was of great benefit later on. He was a strong advocate of the use of arsenic for its effect on the brain, and

thought much satisfaction would be obtained from its general use.

Dr. —— corrected Dr. Beard's remarks about the variety of elastic used and the method of adapting it. Webbing is the variety that he uses. When the hand is kept raised, in paralysis of the arm, a very much better result is obtained than when it is allowed to droop; this principle is true in all case of paralysis. The doctor mentioned a very interesting case of ptosis which he had under his care at the Eye and Ear Infirmary. By means of elastic ribbon he was able to support the eyelid. The elastic was secured to the skin by means of court plaster and collodion. After two days the patient was able to shut his eye.

State Board of Health.

The President called on Dr. A. N. Bell, editor of the *Sanitarian*, to inform the Academy in respect to the State Board of Health which was under consideration.

Dr. Bell, by permission, read the bill which was before the State Legislature. This bill provides for the appointment by the Governor of four physicians, of at least ten years' professional experience, who, together with the Comptroller, Attorney General, and State Engineer, shall constitute a State Board of Health, to serve without compensation, except to cover expenses, not to exceed five hundred dollars per annum. It is made the duty of the Board, within ten days after the bill becomes law, to assemble in Albany and to appoint a Secretary, who shall be a physician of good standing, to be the executive officer of the Board, and to be paid an annual salary not to exceed three thousand dollars. The Board is required to organize a system of Vital Statistics, applicable to the whole State, and the Secretary made the Superintendent thereof; to exercise advisory powers, devise and systemize health administration generally, and disseminate information among the people for the promotion of the public health. Expenditures are limited to eight thousand dollars annually.

Dr. Bell also read a drainage bill which was before the Committee of the State Legislature. It provides for the proper drainage of lands and filling of ponds and low lands, for the promotion of the public health, and is intended to take the place of the present cumbrous and inefficient law on that subject. Dr. Bell spoke of the advantage both bills would be to the sanitary condition of the State, and moved that the Academy pass a resolution of approval, and this be sent to the Committee of the State Legislature. After some remarks the resolution was carried.

STATED MEETING, April 16th.

DR. AUSTIN FLINT, PRESIDENT.

Mental Peculiarities.

Dr. D. Tilden Brown, of the Bloomsdale lunatic asylum, read an interesting paper on this subject, and although he did not present any new matter, he brought out the subject of his paper in a strong and intelligible light.

The general tendency in cases of insanity is progressive, and although we find cases of irruptive insanity, caused by injuries of the head, syphilis, great mental shocks, etc., they must be called the exception, and not the rule.

The patient himself will detect this tendency long before it is suspected by the world outside, and at this time, if he labor to repress and live down the irregularities, he may succeed. He may have inherited it from some progenitor, and for years and years it may have been dormant within, till some circumstance occurring hastened the development; at the same time, if left without any extraneous influence, the tendency would be to continue on in the same development.

Of mental peculiarities, none are more common than that arising from want of adjustment of all the faculties. There may be the elements of success in a person, yet for some reason they do not support each other. Many are able to keep in the background their weak points, and thus pass for more than they are worth, living through their lives a stranger to their acquaintances.

A very common peculiarity is what is known as *absent mindedness*. It consists in the inability to view the world within and the world without at the same time. Dr. Hamilton had many anecdotes told of him in this respect. On coming in to his lecture he would find the students' hats on his desk, and would remove them one by one, never noticing that as soon as he removed them they again placed them in their original position. It is of him, too, that the story is told, that, running against a cow on the street, he turned around and humbly apologized. Many other anecdotes are extant of this same man, showing to what extremes this absent mindedness may proceed.

Eccentricity is more nearly allied to insanity than any of the others, and though it merges into it, it is not insanity. Eccentricity consists in the incongruous relations of the mind.

In insanity there is a base of something radically wrong underlying all the mental operations. This is not so in eccentricity. It is hard, however, to draw the line where the one ends and the other begins.

Melancholy is a condition where all joy is gone. Those who are afflicted with it persistently look on the dark side of everything, and cannot realize that there may be a bright one. This also may pass into insanity.

Some show their peculiarity in being deficient on some subject, as mathematics. It is related of Agassiz that he could not master the principles of geometry. Many others of great learning and reputation have been similarly deficient. Many show a marked peculiarity in their memory. Being either lamentably wanting in this faculty, or, on the other hand, possessing it to a surprising degree.

Moral Defects.—Some live a life of distrust, firmly believing that every one is plotting against them. Rousseau was notorious in this respect to the day of his death.

Veracity.—There are those who, from preference, err in this respect. It becomes with them a species of moral insanity.

Dr. Brown, in closing, said, that on the subject of insanity he felt compelled to say that the more he saw of insane people the less he knew of insanity itself.

Transactions of State Society.

Dr. Ellsworth Elliot said he was in receipt of a card from the secretary of the State Society, Dr. Bailey, in reference to the publishing of the State *Transactions*. He wished to inform the fellows of the Academy, many of whom did not belong to the County Medical Society, that, if they wished, they could subscribe for the State medical *Transactions*, and the price of subscription was one dollar and a half a volume. The President announced that Dr. W. H. Van Buren would read a paper at the next stated meeting.

Editorial Department.

Periscope.

Hysteria in a Male.

The following case is reported by Dr. Gordon, in the Dublin *Medical Journal*:—He was asked to see a policeman, who was brought at twelve o'clock the night before into the hospital, suffering from intense pain in his stomach. This pain was so severe, so agonizing, that he walked about the ward the entire night, screaming with pain, and preventing the other patients in the ward from getting any sleep. No treatment seemed to have the least effect in subduing the pain. When Dr. Gordon saw him on the following morning, the first thing that struck him as remarkable was the extreme quietness of the man's pulse under such a history of agonizing pain; it was only 76; but he was restless, incessantly tossing about; would scarcely allow of any examination of the abdomen, which was rather swollen and tympanitic; bowels confined; urine copious and light colored; could only swallow liquids, and everything he had taken during the entire night he had vomited, even a little water; as fast as it was swallowed it came up again; and, indeed, latterly it was quite evident that emesis took place even before the fluid reached the stomach. The diagnosis arrived at was that it was a case of hysterical vomiting, and that the pain was also of the same character; it was never referred twice to exactly the same situation—now to the epigastrium, now to the right, and again to the left side. The vomiting was also peculiar; indeed, there was no actual vomiting, but a rejection of food before it could have reached the stomach. Large doses of morphia by subcutaneous injection were directed, the result being that the man slept, got into a mild perspiration, was much relieved, and took food in small quantities. The same symptoms recurred from time to time, the intense agonizing pain, and the vomiting. That morning, when Dr. Gordon went to the hospital, he was told the man was spitting up blood. He found some blood in the spitting-cup, but on examination he was satisfied it was blood that came from his mouth or throat, and not from his lungs or stomach; that it was, in fact, induced by his own voluntary act. This, of course, confirmed the diagnosis, that it was a purely nervous affection. One thing, however, struck him as very remarkable the rapid emaciation which the man had undergone within four days. He had endeavored to examine very carefully into his history, but he could not find out anything which he could directly assign as the cause of the affection, except that he was a man not long in the force, had come up from the country, and had been on rather severe duty. The case bore out the extreme difficulty of diagnosis in these cases, particularly when they had to deal with a male subject.

Bromide of Potassium in Cerebral Hyperæmia.

Dr. Ragland says, in the New Orleans *Medical and Surgical Journal*:—

In hyperæmia of the brain, a disorder frequently the result of excessive mental toil, intense or long continued excitement of the mind with little or no rest to the brain, its organ, inducing a state of increased blood supply, which soon becomes a source of grave trouble, with disastrous consequences, unless relief is afforded, bromide of potassium, by virtue of its power to cause contraction of the overloaded capillaries, frequently relieves the threatening symptoms of this disease when other means usually prescribed fail.

In 1872 I had, in conjunction with Dr. Roberts, of San Augustin, Texas, the opportunity of observing an interesting case of hyperæmia of the brain, in which extreme hyperesthesia of the special senses, with persistent insomnia, was relieved by bromide of potassium, in doses of twenty grains, repeated every five hours until relief was obtained. As soon as its influence was secured, the patient became comfortable and fell into quiet and refreshing slumber. Its use was continued for some time in smaller doses, and finally was substituted by hydrate of chloral. This remedy failed to afford the measure of relief given by the bromide of potassium.

A Successful Case of Cerebro-Spinal Meningitis.

Dr. James Little, Professor of the Practice of Medicine, Royal College of Surgeons, writes to the Edinburg *Medical Journal*:—

On December 20, Isabella S., aged twelve years, was sent into the Adelaide Hospital by Dr. Walter Smith, under whose notice she had come, among the out-patients.

On December 16 she had been attacked with severe frontal headache, and so overpowered by a feeling of illness that she could not sit up.

On December 19 she had vomited repeatedly. When I saw her on the afternoon of the 20th she was lying as if in a heavy sleep; she could easily be roused, but at once relapsed into the sleepy condition; the face was flushed; she said she had severe headache, and she manifested marked intolerance of light. An ophthalmoscopic examination, made by Mr. Swanzy, showed hyperæmia of the retinal vessels. She had vomited several times since admission. There was slight subsultus; the tongue was covered with a creamy fur; the bowels had not acted for twenty-four hours; pulse 130; temperature 104·8. Her hair was cut close, a leech applied to each temple, and four grains of calomel given.

The headache was distinctly relieved by these measures. She passed a quiet night, though she did not sleep much, and wandered somewhat. She was put on milk diet, with beef tea, and ten grains of the bromide of potassium given every second hour.

On December 22, 23 and 24, she was drowsy, but easily roused. She no longer complained of headache, but the face was flushed; the carotids throbbed violently; she vomited occasionally; had slight subsultus, and was very thirsty.

On the 25th marked retraction of the neck was observed. She lay with her legs drawn up, and complained bitterly of any attempt to extend them, or, indeed, of any attempt to alter her position. She cried and moaned incessantly; during the day she seemed rational, and during the night she raved.

On December 26 her condition was unchanged.

On December 27, though she took nourishment freely, she seemed sinking; the heart's action was extremely feeble, and the extremities cold; hyperæsthesia of the surface and retraction of the neck were highly marked; and although the prominent points of her body had been carefully padded with cotton wool, large sloughs were to be seen forming over both trochanters and over the sacrum, and dark patches had appeared on the inner aspects of the knees, where they came in contact, as she lay with her legs drawn up in bed. I now directed the bromide of potassium to be discontinued. I prescribed two grains of quinine every fourth hour, and the administration of a hypodermic injection of morphia and atropia as often as was necessary to keep her easy. The nurse was, at the same time, instructed to feed her carefully, just before each injection, and again as soon as its effect had somewhat passed off; and, in addition to strong beef tea, eggs and milk, she had a daily allowance of four ounces of port wine, and two ounces of whiskey. The hypodermic injections were continued for eight days; at first gr. $\frac{1}{3}$ of acetate of morphia, and gr. $\frac{1}{120}$ of sulphate of atropia were used, but as this proved insufficient to relieve her, larger quantities were used; three times half a grain of morphia was injected, but on all other occasions a quarter of a grain was found effectual. The injections were generally made three times in twenty-four hours. On this treatment she continued until January 4, when convalescence commenced.

Reviews and Book Notices.

BOOK NOTICES.

Materia Medica, for the use of Students. By John B. Biddle, M.D., Professor of Materia Medica and general Therapeutics, in Jefferson Medical College, etc. Sixth Edition, Revised and Enlarged, with Illustrations. Philadelphia, Lindsay and Blakiston, 1874. pp. 435.

The necessity for a new edition of this work in so short a time is the best proof of the value in which it is held by the profession. We are glad to notice that among the new features is the adoption of the new method of chemical *notation*. The additions in this edition are valuable, and we must congratulate the author upon having improved what was already so useful a work, both to student and physician. As a text-book for those who attend his lectures, it is indispensable.

Electro-Therapeutics: A Condensed Manual of Medical Electricity. By D. F. Lincoln, M.D., Physician to the Department of Diseases of the Nervous System, Boston Dispensary. Philadelphia: H. C. Lea, 1874. pp. 186.

The subject of which this little volume treats is daily becoming of more importance to the medical practitioner. The work of Dr. Lincoln has solely the purpose of presenting to the busy physician, at a glance, "the principles which ought to govern our use of Electricity." He gives, first, the physical laws of electricity; next, modes of generating this imponderable; physiology, diagnosis, or the use of this force to "test the functional activity of nerves and muscles;" methods of application; medical and surgical practice; cautions, and, finally, the apparatus to be employed.

Now that electrolysis is rapidly assuming the front rank as a surgical adjunct, the attention of the profession is being constantly directed to the whole subject of electricity, and such books as this prove invaluable aids in the study of this branch.

Dr. L. also gives a list of authorities for those who desire to extend their studies in this department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 11, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Half-Yearly Compendium of Med. Science,	**3.00**
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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

SEXUAL ATTRACTION AS A PHYSIOLOGICAL FACTOR.

"Men have died from time to time, and worms have eaten them, but not for love," is the cynical remark of the fair Rosalind, in *As You Like It*. Her words express the opinion of the majority of mankind over thirty; and of the minority under that age, at least, the emotional and refined temperaments.

As medical books are usually the product of a ripe experience, no wonder that the pathological results of sexual emotion are estimated at lower figures in them than in the dreams of youthful poets and the pages of the novelist. Yet it is by no means a matter of merely modern observation that very extraordinary effects are produced by the tender passion in the body and the mind. Horace speaks of the disordered liver, "jecur ulcerosum," brought about by it; Plautus also refers to this same *morbus hepatarius;* and even Solomon, the wise, describes the youth whose liver was struck through by this dart of the passions. A few months ago we quoted in this journal the remarkable case of a young lady who, in consequence of disappointed affection, had blue perspiration, cyanodrosis, for six or eight months. The records of our insane hospitals show not a few examples where permanent mania has followed violent affection.

There is more in the pictures of love, as drawn by poets, than many wise men allow. There is often something inexplicable in the attraction, instantaneous and overpowering, which brings two persons of opposite sexes together. We have before us a letter written by a prominent medical gentleman of the West, whose name is well known to our readers, narrating a circumstance in his own history, which, were it worked up by such a genius as De Balzac, would make a history not less absorbing and improbable than any which was created by that teeming brain. It will be no violation of confidence to present his unvarnished statement.

"Some years since the wife of a neighbor of mine told me that her brother, who had lived at a distance, and whom I had never seen, had just

married and taken his young wife, who was also a total stranger to me, to Brazil. The incident was spoken of only as a matter of commonplace occurrence. My imagination at once took on the liveliest interest in this young couple, and though our former neighbors and myself each left the old neighborhood, and were separated a thousand miles, no letters being exchanged between us, nor a word said to me of the young couple, yet I often thought of them, and felt the most intense interest in their welfare; for this strange interest I could give no reasons, nor did I try to quench it, as I little thought then of the relations that were afterward to exist between them and myself; indeed, I did not even dream of ever seeing either the husband or wife, as an unmeasured expanse of sea and land lay between us. It came to pass, however, that after the war was over both my own family and that of my friend returned to our old neighborhood, and after two or three years the young man and his wife returned from their long trip and concluded to make our village their future home. I became acquainted with them, and from the moment I set my eyes upon the young wife I became so warmly attached to her that she was my thought by day and my dream by night; in my foolish infatuation I told her of it, and to my astonishment found my attachment reciprocated. It is enough to say in conclusion that each of us had sufficient moral courage to stifle the sentiment that had sprang into existence unbidden, and to pay that deference to the usages of the world which none can with impunity defy and maintain self respect. This 'spiritual intercommunication,' or whatsoever you may choose to name it, no doubt actually exists, and that such an agency exerted an influence over me at the times above narrated I believe, as much as I believe in my present existence; the 'how' and the 'why' I am not prepared to discuss."

While, as is generally the case in real life, the plot and denouement of a drama are here absent, this calm narrative displays the very stuff of which the extravagance of passion is made. He who yields is lost; as certain as the emotion conquers him, so certain will it slay him. *L'échéance du diable sera arrivée.*

In the calculations of psychological science not enough account is made of this reaction of minds, of the innate attractions and repulsions which mould and direct the emotional side of our lives. It is well to take a reading in the poets now and then, and to impress upon our minds the truths they paint in such vivid colors. The one-sided view that digestion and assimilation are the chief factors in our loves and hates does not hold good on the sunny side of five-and-twenty; and there are temperaments, such as Goethe and Anacreon, who seem to have enjoyed perennial youth in this respect.

Notes and Comments.

Therapeutic Notes.

PALATABLE PREPARATIONS OF COD OIL.

We give some more of these. In the Roosevelt Hospital they use the following:—

℞.	Cod-liver oil	ʒij.	
	Spts. lavender co.	ʒj.	
	Brandy	ʒj.	M.

The house-surgeon says the patients beg for it.

The subjoined formula is very similar to one we have given before. Dr. Squibb regards it as the best formula he has ever seen. The chief objection to it is the fact that it is difficult to get the druggist to prepare it in the proper manner, because it requires so much time. When thoroughly prepared it will keep well for a long while.

℞.	Yolk of eggs	No. iv.
	Glycerine	ʒj.
	Cod-liver oil	ʒiv.
	Phosphoric acid dilute	ʒss.
	Sherry wine	ʒij.
	Essence of almonds	ʒj.

The eggs and glycerine are first to be carefully triturated in a mortar, and while the trituration is continued add the oil, drop by drop. When this is done, the acid, wine, and essence may be added. The above is not the precise formula used at the asylum, but it is essentially the same. The manner of making the emulsion is the important feature. The amount of phosphorus can be varied to suit different cases, or other remedies may be added, such as arsenic, etc.

How to Insert the Hypodermic Syringe.

Prof. Hildebrandt, of Königsberg, says, in the *American Journal of Obstetrics*:—

In performing the injection I take up a firm fold of skin and insert the canula of the

syringe perpendicularly (not obliquely) into the crest of the fold, to the depth of one-half the length of the canula, in order that the fluid may always enter the thick, adipose, subcutaneous cellular tissue. I believe that it is owing to this circumstance alone that I have never had occasion to see an abscess. As a rule, only the first three to five injections are painful; subsequently they are more and more easily borne. A slight subcutaneous infiltration (*hautknoten*) always remains, in some women only several days, in others many days, and even weeks.

The Climate of Florida.

A correspondent of the Boston *Medical and Surgical Journal*, writing from Florida, says:—

That most of the country is highly malarious during warm weather, may be read in the bloodless faces and purple lips of those whites whose poverty condemns them to live where they were born. The proverbial *faccia di Albenga*, of Italy, is quite a healthy countenance in comparison. This danger does not exist in winter, and some people stoutly maintain that the river is healthy until the first of June. Doubtless, however, the words of the Charleston physician are wise: "Do you see that long moss hanging to the trees? That says, 'as soon as the first of May comes, you run!'" Malarial poison is an affair of place and of the constitution exposed to it. Shifting a house a few yards will sometimes make it safe. One man, who is quite reduced by tubercular disease, may experience no trouble; while another, who is much stronger, and only suffers from nervous prostration, may get poisoned within a week. In the face of such uncertainty, and of the profound ignorance of physicians concerning the nature and action of malaria, it is well for invalids to keep on the safe side by retiring as early as the middle of April. They should observe the same rules in returning as in going, and make slow haste; nor forget the precept of one of Boston's wisest physicians, to "come back with the strawberries."

The Origin of Urinary Calculi.

A work was published some months ago in London, on the mode of formation of urinary calculi. Its author, Dr. H. V. Carter, has evidently studied the subject very carefully.

From a summary we extract the following conclusions:—

1. That urinary calculi are not mere precipitates or aggregations of ordinary crystalline and amorphous deposits, held together by mucus.

2. An animal basis is an essential component of urinary calculi. This is probably not always the same, and its only approach to organization is a finely granular striated or fibrillated appearance.

3. Peculiar and characteristic ingredients, which are immediately of physical origin, but hold a position intermediate between pure mineral and organic. To these the name *submorphous* is given by the author.

4. Frequently the stone seems to commence by an accumulation of globular urates. The idea that stone is the result of accident is not sustained by these researches.

These inquiries render the utility of any attempt to disperse calculi very improbable. The free use of pure drinking-water seems to afford hopes of *prevention* of calculus.

Correspondence.

Apoplexy and Epilepsy.

Ed. Med. and Surg. Reporter.

The occurrence of six fatal cases of apoplexy, all closely related, and two cases of epilepsy (one fatal in four years from first attack), in remoter branches of the same family, would seem to have some weight as testimony in favor of the assertion that palsy is indeed hereditary. And we might infer that epilepsy is but a milder expression of the same disease. We are taught that apoplexy is the result immediately following extravasation of blood into the brain substance, or beneath and around some of its membranes, or to turgescence of the vessels of the part. Also that epilepsy is a cerebro-spinal affection, but without any lesion.

The six cases referred to occurred within the space of twenty-five years. None were under fifty years of age, and the oldest did, probably, not exceed seventy. The fatal case of epilepsy was first attacked about the age of nineteen. The other case, still further removed by birth, is now a young lady. She has had spasmodic attacks periodically from her infancy, not very severe. The young epileptics were portly, robust, in general health, full of blood and vigor, with short necks and heavy expression of countenance.

The apoplectics, with one exception, were lean, tall, and wiry figures, of nervous or nervo-sanguine temperament, hard workers and generous livers.

The consanguinity of the above eight cases is as follows:—

Mr. S. and sister, also sister's daughter; Mrs. S. and two daughters. Making six cases of

fatal apoplexy. Mrs. B., being Mr. S.'s sister's daughter, was the mother of the fatal case, and the grandmother of the milder case of epilepsy. Would it not seem from the above that apoplexy is strictly hereditary and epilepsy is the form assumed in the remoter branches of a family of an apoplectic diathesis?

A. D. BINKERD, M.D.

Sulphite Soda as a Specific.

ED. MED. AND SURG. REPORTER:—

Last September I was called to see a lady, married and mother of five children. She had a slight uterine catarrh, and was excessively nervous. But the most remarkable feature in her case was very pale tongue and mucous membranes, without apparent loss of flesh, bowels regular, appetite capricious. I gave the following:—

℞	Quinia sulph.,	ʒj
	Ferri sulph.,	ʒss
	Strychniæ sulph.,	gr.j

Make thirty pills.

Sig.—One to be taken three times daily.

Three days later she reported no improvement, and that she could not possibly take the medicine I had prescribed. I then prescribed—

℞	Pepsine,	ʒiij	
	Bismuth sub. nit.,	ʒij	
	Tr. nux vom.,	ʒj	
	Nitro-muriatic acid,	gtt.xl	
	Wild cherry wine,	ʒviij	M.

And directed a dessertspoonful to be taken three times daily. She sent me a message that that last medicine would also ruin her stomach if she continued to use it. I then thought of what I had read in a little work of some merit, though slightly humbugish in the main. The author recommends sulphite soda as a specific in diseases attended with pale mucous membranes, and tongue with white pasty coat, and I concluded to try it in this case, and accordingly gave sulphite soda, one ounce. Make twenty-four powders. Give one every four hours. Improvement commenced at once, and continued until she was entirely well. WM. TANNER.

Bolivar, Mo., June 18th, 1874.

Foreign Body in the Rectum.

ED. MED. AND SURG. REPORTER:—

In your last issue is reported a case of foreign body in the rectum. The foreign body being a whiskey tumbler measuring one and three-fourths inches in diameter at the bottom, two and one-half inches at the top, and two and three-fourths inches high. The writer also gives the treatment and the result of the accident. He requests any one knowing of a similar case to give a report of it. In Prof. H. H. Smith's Surgery, page 590, Vol. II, is a case reported by Ruschenberger, of the U. S. Navy, where a glass goblet, three and a half inches high, with a brim two and five-eighths inches, and a base one and seven-eighths inches, was introduced into the rectum of a Chinaman. The whole was removed by Parker, of Canton, by crushing it with strong forceps, protecting the parts with folds of cloth, and removing the smaller fragments with a teaspoon.

Respectfully, A. S. HARSHBERGER.

Milroy, Pa.

NEWS AND MISCELLANY.

The British Pharmaceutical Conference.

The eleventh annual assembly of the members of the British Pharmaceutical Conference, an organization for the encouragement of Pharmaceutical research and the promotion of friendly intercourse among Pharmacists, will be held in London on the 5th, 6th, 7th, and 8th of August, 1874, under the Presidency of Mr. Thomas B. Groves, F.C.S., of Weymouth. By the kind permission of the Council of the Pharmaceutical Society of Great Britain, the meetings will take place in the house of that Society, 17 Bloomsbury Square, London.

The reading and discussion of reports and papers will be taken on Thursday, the 6th of August, and Friday, the 7th; hours. 10 to 12.30, and 2 to 4.30 each day. On the evening of Wednesday, the 5th of August, these meetings will be inaugurated by a conversazione, to be given by the Pharmaceutical Society, through its Council, to the members of the Pharmaceutical Conference. On Thursday evening the members of the Conference will hold their annual dinner, and on Saturday, August 8th, the London members and their friends invite the Provincial members to an excursion down the picturesque valley of the Thames, between Marlow and Maidenhead.

EXHIBITION OF OBJECTS RELATING TO PHARMACY.

The Local Committee, with the view of increasing the interest in the gathering, propose that an exhibition of objects relating to Pharmacy shall be held in the Pharmaceutical Society's Rooms, on Wednesday, Thursday, Friday, and Saturday, the 5th, 6th, 7th and 8th of August. The Exhibition will also form a prominent feature of the Conversazione on Wednesday evening, August 5th.

The Committee invite contributions in one or more of the following classes:—

CLASS 1. Objects representing novelties or improvements in Pharmaceutical processes, including apparatus.

CLASS 2. Medicines (Simple and Compound), Drugs and Chemicals, including new preparations, and new forms of old preparations; also specimens, etc., illustrating the subject of "Adulteration."

CLASS 3. The General Appliances and Fittings of a Pharmacy or Store; Dietetics and Miscel-

lanea, including models, drawings, engravings, paintings, books, historical relics, etc.

NOTICE TO EXHIBITORS.

All articles must be forwarded on or before Friday, July 31st, addressed, British Pharmaceutical Conference, care of Mr. Holmes, 17 Bloomsbury Square, London.

No article will be exhibited unless accompanied by a list (two copies), and descriptive notes, either printed or written on one side only of the paper.

The expenses of carriage, and all risks, to be borne by exhibitors.

Notices of the articles exhibited will be published in the "*Transactions*" of the Conference.

N.B.—The Local Committee reserve the right of declining to exhibit any article which they may deem unsuitable.

Communications respecting the exhibition should be addressed to any one of the following gentlemen:—Mr. Holmes, Curator of the Museums, 17 Bloomsbury Square, London, W. C.; Professor Attfield, General Secretary of the Conference, 17 Bloomsbury Square, London, W. C.; Mr. M. Carteighe, Local Secretary of the Conference, 17 Bloomsbury Square, London, W. C.

Professor ATTFIELD,
17 Bloomsbury Square, London, W. C.
Mr. F. BADEN BENGER,
7 Exchange Street, Manchester.
Honorary General Secretaries.

To the Physicians of Philadelphia.

With all due deference, the Temperance Aid of Women Friends of Philadelphia, respectfully call your attention to the terrible scourge which alcoholic stimulant is causing in our midst, not only among the poor of our city, but also among the rich and cultivated, many of whom are brought to a drunkard's grave. It is because you have so powerful an influence that we call upon you, as Christian Philanthropists, to put an end, as far as possible, to the use of ardent spirits as a medicine.

It is said that Dr. Benjamin Rush refused to prescribe such a stimulant, and remarked that when he came to stand at the bar of God, none should accuse him of making them drunkards by his prescriptions.

Permit us to suggest the possibility of making much less frequent use of milk-punch, ale, etc., in our hospitals. It seems to us that while it is undoubtedly our duty to do what we can to preserve life for this world, it is of far greater consequence not to destroy it for that which is to come. We would, therefore, ask you, under a sense of your great responsibility, to give this subject your earnest, serious and prayerful consideration.

Signed, by direction, and on behalf of the Association, SUSAN LONGSTRETH, President.
CAROLINE REMINGTON, Sec'y.

OBITUARY.

DAVID WILSON HUTCHINSON, M. D.

At a regular meeting of the Oxford Medical Society, held June 17th, 1874, the Committee appointed to prepare a memorial, to be entered upon the minutes of the Society, offered the following preamble and resolutions, which were adopted:—

Whereas, God in his dealings with us, his creatures, has removed from among us one who has long occupied a prominent place in the profession of medicine, in this vicinity; one who, to an able mind, has added untiring industry in the performance of his duties in the relief of suffering humanity; One who regarded not summer's heat, or winter's snow, alike subject to the call of high and low, rich and poor, has laid aside his lancet, in obedience to the stern edict, "dust thou art, and to dust shalt thou return." The praises, the calumnies of men no longer please or annoy, but fall listless alike on the dull, cold ear of death. He has been gathered, with his fathers, to his reward.

Resolved, That while we bow in humble submission to the will of him who doest all things well; while we acknowledge the justice of the rod that chastises, in removing *one* in the very prime of his manhood, we feel it our duty to make a record of our opinion and feelings of his worth, and thus express sadness at the sudden loss of so enlightened a physician and warm-hearted philanthropist.

Resolved, That by the permission of the family of Dr. D. W. Hutchinson, this Society plant upon his grave, at the proper time, some evergreen shrub plant, in view that his name may be green in our memories, as the ivy or myrtle, that with the interment of his ashes, we may not bury our recollections of him who lived and acted among us.

JAS. P. ANDREW,
JAS. FULTON,
R. B. EWING,
} Committee.

QUERIES AND REPLIES.

WOONSOCKET, R. I., June 13th, 1874.

DEAR SIR:—How much of truth is there in Prof. Binz' theory, that hay fever is due to the presence of a parasite in the nasal cavity, "to be treated by local application of neutral solution of Quinia, free of Cinchonia." How is such a solution to be obtained, and of what strength to be used?"

An early answer will oblige an old subscriber, who has yearly one or more such cases to treat, commencing in the month of June.

Yours truly, GEO. W. JENCKES, M. D.

We have no belief in the theory or practice.—ED.

M., Woodstock.—As to etiquette, you are correct.

Franklin County, Pa.—We publish the slip. Unfortunately, there is no adequate means of meting out the proper punishment in such cases.

C. C. S., Mobile, Ala.—For a reply, we refer you to the Report of the Judicial Council, A. M. A., as published with the minutes of that Association.

J. T. C., Collins, Drew County, Ark.—Thanks to our wise legislators, we have no remedy. This prevails all over the United States.

C. H. Closson, Altoona, Pa.—There is no law to meet the case.